

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected,  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	2/6/02
1	✓✓✓
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18	✓
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28	✓✓✓
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Claim	Date
Final Original	2/6/02
51	✓✓✓
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56	✓✓✓
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76	✓✓✓
77	✓✓✓
78	✓✓✓
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Claim	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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6/1  
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